



Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION

Assessment and Examinations Directorate * P. O Box 4571 King William's Town * 5600 *
REPUBLIC OF SOUTH AFRICA * REFERENCE 13/P
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ASSESSMENT INSTRUCTION 10 of 2010

TO: DEPUTY DIRECTORS-GENERAL
CHIEF DIRECTORS
HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS
CHIEF EDUCATION SPECIALISTS
EDUCATION DEVELOPMENT OFFICERS
DEPUTY CHIEF / SENIOR EDUCATION SPECIALISTS
PRINCIPALS ABET CENTRES
TEACHER UNIONS / ORGANISATIONS

DATE: 01 FEBRUARY 2010

**REGISTRATION OF CANDIDATES
2010 ABET MAY EXAMINATIONS**

The registration form for candidates entering the 2010 ABET L4 examination in May 2010 is attached.

The closing date for entry forms at District Offices is **Friday 12 March 2010. No late entries will be accepted.**

The closing date for entry forms at the Provincial Office is Friday 19 March 2010.

**Kindly note the following when completing the official Registration Form:
ECDE/EXAMS/ABET L4 (1)**

1. **Sequence number** (Sequence in the school/centre).
2. **Exam Centre Name:** Ensure the correct Exam Centre name (Name of school) appears on each entry.
3. **Exam Centre No:** Ensure the correct Exam No. appears on each entry. If number is not available, leave blank.
4. **Medium in which you wish to write:** Cross Afrikaans or English. Very important because papers will be printed and distributed according to this information.

5. **Home language:** Write the correct code in the appropriate block.
6. **Certificate language:** Statement of Results: Write the correct code in the appropriate block. Statement of Results will be in English and the selected language.
7. **Immigrant** – Put a Y for Yes or N for No. An immigrant is a candidate who entered the South African Schooling system in Grade 7 or later and for whom an Immigrant Concession has to be obtained from the Directorate: Assessment & Examinations.
8. **Disabled** – Write the correct code in the appropriate block . Application must be made on behalf of a learner with special education needs for a concession allowing alternative examining procedure(s) during the ABET L4 examination.
9. **Race:** Write the correct code in the appropriate block
10. **Date of Birth:** e.g. 19880319 = 19 March 1988
11. **Gender:** Write M or F in the appropriate block
12. **Identity number:** The candidate must have an ID book.
13. **Surname** – As in ID book or on birth registration certificate.
14. **First Name(s)**
15. **Special Character in name:** Encircle Yes or No. If yes write the letter with the character in the block, e.g. é
16. **Postal Address**
17. **Telephone code**
18. **Telephone number** – where the candidate can be reached if necessary.
19. **Mark the learning areas in appropriate blocks**
20. **Applicant must sign:** A signature means that all information in the form is correct and true.
21. **Centre Manager's/Principal's name** – The one who is going to sign on behalf of the centre.
22. **Centre Manager's/Principal's Signature:** A signature means that all the information is correct and true.

ABET Principals are reminded that the May Examination is for ABET L4 candidates for whom moderated CASS marks were submitted in 2009. Kindly enter only those candidates who will write in May to avoid fruitless expenditure on both printing and the appointment of markers.



S.P. GOVENDER
CHIEF DIRECTOR: CURRICULUM MANAGEMENT



Province of the Eastern Cape
Department of Education
ABET LEVEL 4 EXTERNAL ASSESSMENT

Entry Form for **2010 May** Examinations
CLOSING DATE **12 March 2010** (At District office)

A ALL CANDIDATES

1. Sequence Number :

2. Name of centre where you wish to write (Where you studied during 2009)

3. 2010 Centre No.

4. Medium in which you wish to write E=English / A=Afrikaans

5. Home language

A = Afrikaans C = Siswati
E = English N = IsiNdebele
P = Sepedi S = Sesotho
T = Xitsonga V = Tshivenda
W = Setswana X = IsiXhosa
Z = IsiZulu

7. Immigrant Y=Yes N=No

6. Certificate Language

8. Disabled R=Deaf S=Blind O=Other

9. Race

B = Black
W = White
A = Asian
I = Indian
C = Coloured

B PERSONAL INFORMATION – COMPLETE IN BLOCK LETTERS

10. Date of Birth

Y	Y	Y	Y	M	M	D	D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Gender M=Male F=Female

12. Identity No. **COMPULSORY**

13. Surname

14. First name(s)

15. Special Character in a name Y=Yes N=No

16. Postal Address

Postal Code

17. Tel. Code

18. Tel. Number

